

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

October 16, 2014

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275



Agenda

- A. Welcome & Introductions
- B. Review & Approval of 09/18/2014 Meeting Minutes
- C. HIT/HIE Update
- D. Medicaid and Medicare Dual Integration Project-MiHealth Link
- E. Washtenaw's Pathway to Exchanging Behavioral Health
- F. Consent to Share Certain Behavioral Health Information-HB 129
- G. Electronic Consent Management
- H. HITC Next Steps
- I. Public Comment
- J. Adjourn



Welcome & Introductions

- Commissioner Updates



HIT/HIE Update

Meghan Vanderstelt, MDCH



2014 Goals – October Update



Governance Development and Execution of Relevant Agreements

- MiHIN Board approved Northern Physicians Organization (NPO) as HIE-QO
- Great Lakes Health Connect and Henry Ford Health Systems preparing Immunization History/Forecast (QBP) and Newborn Screening (NBS) pulse oximetry/CCHD pilots
- Newborn Screening (NBS) Use Cases: pulse ox./CCHD, bloodspot, hearing test
- Dr. David Kibbe (founder and CEO of DirectTrust) invited MiHIN to present Michigan's Federated Identity Management efforts to October "All Member" DirectTrust meeting
- Organizations reviewing Federated Sharing Organization Agreement (FSOA):
 - William Beaumont Hospital, UMHS, HAP, MDCH
- MiHIN is planning Payer-QO Day to take place in the Nov-Dec 2015 time frame
- NPO executed Statewide ADT, Active Care Relationship Service, and Statewide Health Provider Directory Use Case Agreements; NPO sent Clinical Quality Measure QRDA Category I files containing test data to the Clinical Quality Measure Recovery and Repository service (CQMRR)

Technology and Implementation Road Map Goals

- All top tier hospitals except Spectrum sending ADTs through Statewide ADT Service
- Second tier hospitals required to send ADTs by December 15 for BCBSM incentives
- Estimate 80% of admissions Statewide now being sent through MiHIN
- Walmart executed State-Sponsored Sharing Organization Agreement (SSSOA), Submit Immunizations, Immunization History/Forecast (QBP) Use Case Agreements
- Use Case Factory in operation, increasing rate of output (more Use Cases faster)
 - Parties outside of MiHIN now generating new Use Cases!

2014 Goals – October Update



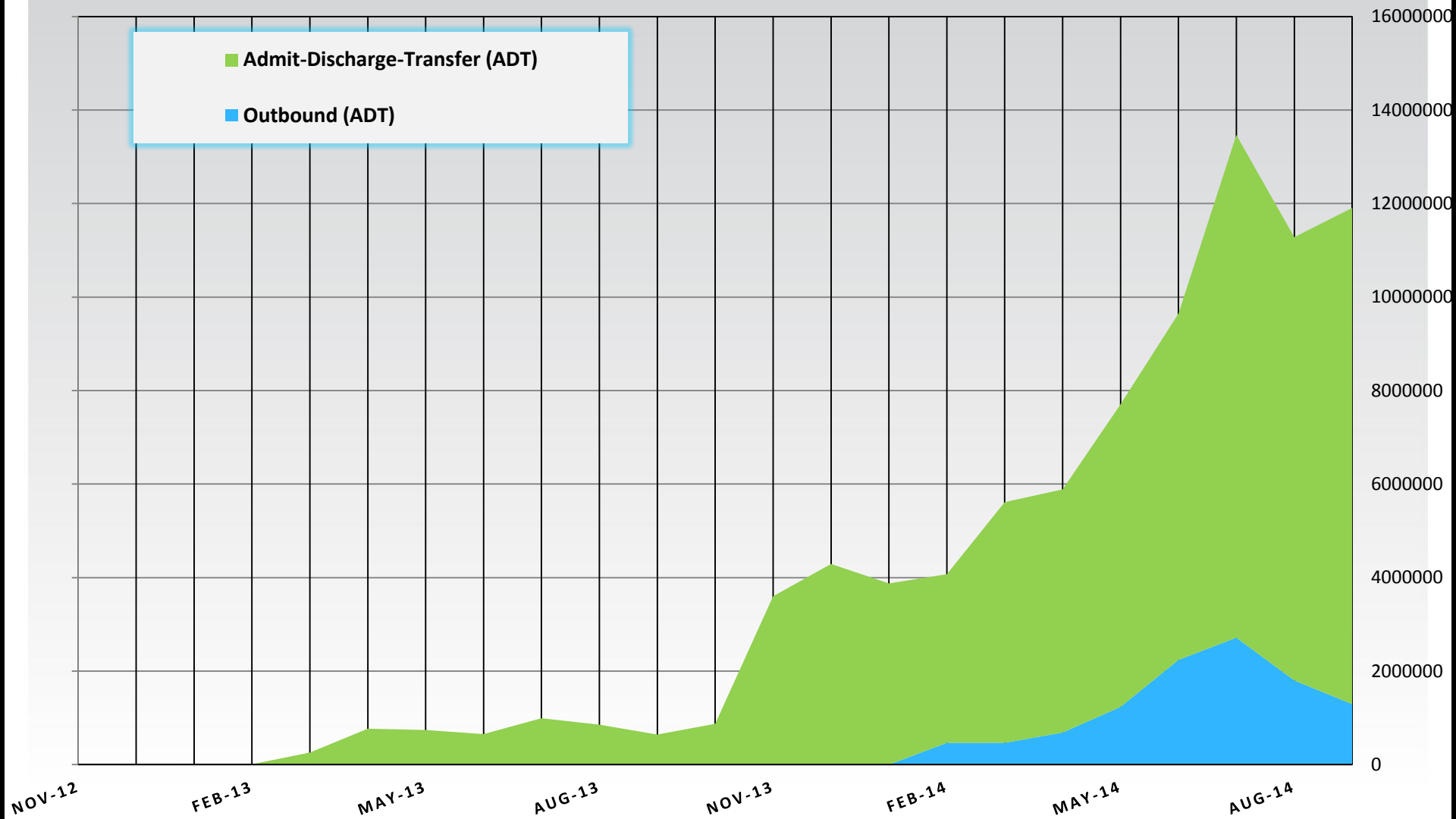
QO & VQO Data Sharing

- More than 95 million messages received since production started May 8, 2012
 - 3 million+ ADT messages/week; 1 million+ public health messages/week
- Reportable lab messages steadily increasing, now more than 85,000 received
- More than 10 million syndromic surveillance messages received (1.5 million/week)
- UPHIE, SEMHIE, NPO, MediSolv sent QRDA Category I CQM files to CQMRR
- PCE Systems sent QRDA Category I and III files from with embedded Direct Secure email and ZERO provider workflow (*automagically!*)

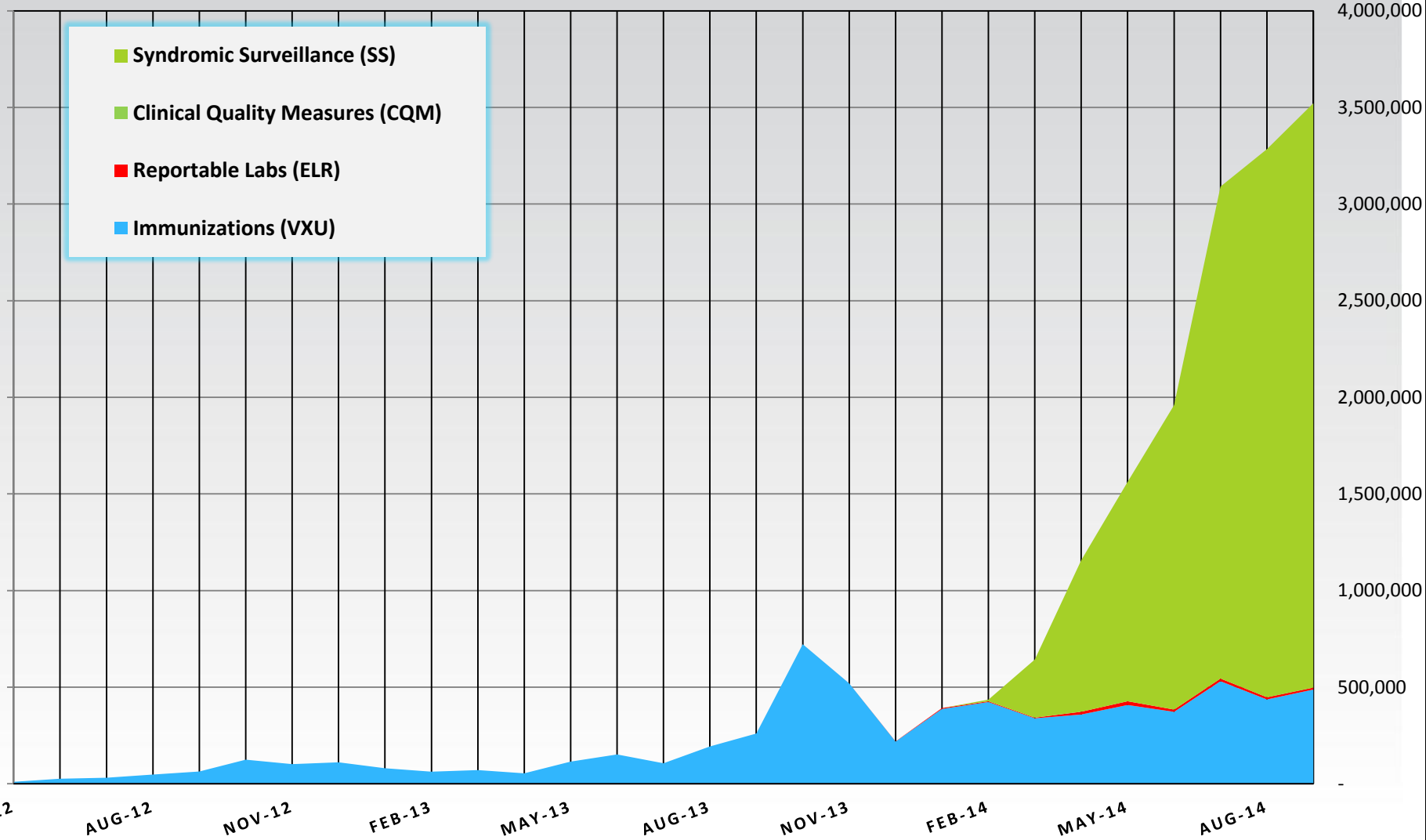
MiHIN Shared Services Utilization

- JCMR and Ingenium beginning Cross-QO Query use case with CCDs
- Henry Ford Health System starting SSA eligibility determination Use Case
- Have integrated statewide Health Provider Directory (HPD) with new NPPES (National Plan and Provider Enumeration System – nationwide National Provider Identity registry)
- Michigan Care Improvement Registry (MCIR) is adopting statewide HPD for daily use
- Health System Testing Repository (meaningful use database) integrating with HPD
- Working with CIO Forum and Behavioral Health vendors to have MiWay Consumer Directory “point” to where consents are stored, bypassing huge federation obstacle
- UPHIE sent Advance Directives via Direct for Statewide Consumer Directory
- MiHIN Project Managers will be visiting HIE-QOs throughout the fall
- Initiated development of ADT Reporting Tool(s) and Health Risk Assessment services
- Now requiring Direct addresses for providers with Active Care Relationship files
- Identity Exchange Hub tests at East Lansing post office was successful; first real providers have registered LOA3 trusted identities asking “how soon can we use this?”

MONTHLY MESSAGE COUNT



MONTHLY MESSAGE COUNT



MiHIN Monday Metrics (M3) Report

2 Week Total	Prod. Running Total**	Sources in Prod. Through MiHIN	Sources in DQA	QOs in production	QOs in test	vQOs in production	vQOs in test	Use Case
301,100	6,438,123	1,312	735	5	1			Immunization Records Submit (VXU)
4,604	83,099			2				Reportable Labs Summaries (ELR)
	6,047,338			2				Transition of Care - Payers/BCBSM (ADT)
1,375	281,002			1		1		Admit-Discharge-Transfer (ADT) Spectrum/Carebridge
5,769,470	68,745,362	68	0	5		1		All Patient- All Payer ADT Notification Service
				5		1		Submit Data to Active Care Relationship Service
				5		1		Submit Data to Health Provider Directory
1,595,003	10,158,984		12		3		1	Receive Syndromics
	202							Clinical Quality Measures
7,671,552	91,754,110	1,380	747	25	4	4	1	Totals



MDCH Data Hub

October 2014

Use Cases

Cancer Pathology Lab Report Message

Following CMS approval of the 2014 HIT APD in September, initiation and planning activities will commence soon on the Cancer Pathology Lab Report Message project. The Cancer Pathology message is considered a second step to completing the information on the Cancer Case Report Message as labs normally follow the initial case report. The addition of the lab information forms a complete Cancer Case Report record. The Cancer Case Report Message went into production in August 2014 and pilot providers and QO's are still being solicited.

Hospitals will be able to use this new message towards the Meaningful Use Electronic Lab Report objective for attestation as the MU Final Rule does not specify the destination of an ELR message (i.e. MDSS-Disease Surveillance, Cancer).

Newborn Screening (NBS) EHDl Message

Resulting from the NBS Critical Congenital Heart Defect (CCHD) Message project, Michigan Birthing Hospitals requested that all newborn screening required information be developed into messages transmittable via HIE. In order to provide them the complete package (CCHD, Blood Spot, and EHDl), the MDCH Data Hub and Early Hearing Detection and Intervention (EHDl) teams began initiation and planning activities towards development of the message, Implementation Guide and interface development work.

MI Care Improvement Registry (MCIR)

Immunization Update

In September, Walmart executed the State-Sponsored Sharing Organization Agreement (SSSOA) in order to participate as a corporate submitter of Immunizations to MCIR. The agreement includes receiving Immunization information via HIE from 91 Walmart pharmacies and 25 SAMS Club pharmacies.

Infrastructure/Technology

Michigan Identity, Credentialing, & Access Management – Phase 1

The October 30, 2014 Go Live of the Citizen facing functionality remains on track, with the first application being MyHealthButton/MyHealthPortal. This application will leverage the Identity Proofing capability of the MICAM system. Additionally, HelpDesk readiness also initiated this fall in order to be in place by Go Live.

Provider Index – Phase 1

Development work continues. Baseline algorithm configuration for matching providers between the three initial data sets is being finalized in preparation for standing the Provider Index (PI) up in the pre-production/staging environment. The project is on schedule for production release in January, 2015. Early planning activities for the second phase of work are underway; addition of data sources and a concurrent project involving connectivity between MiHIN's Health Provider Directory (HPD) and the PI are anticipated.

Master Person Index – Phase 3

New Data Sets

Three new source data sets were added to the MPI, Breast and Cervical Cancer Screening, Home Help Providers, and CHAMPS Provider Enrollment. Providers are added to both the Provider Index and the Master Person Index to represent their dual roles, as an individual and as a provider. Matching algorithms were evaluated and adjusted to improve the match process following addition of the new sources.

Rhapsody Maintenance

While awaiting approval of project charters for new message development, staff are taking this time for maintenance activity of the MDCH Data Hubs enterprise service bus system, Rhapsody.



October 2014

MDCH Data Hub

MDCH Data Hub Message Traffic Volumes Received via Health Information Exchange from MiHIN				
Month	MCIR - Immunization	MDSS – Disease Surveillance	MSSS – Syndromic Surveillance	Total Valid Messages
January	352,041	4,467	0	356,508
February	412,533	3,781	1,058	417,372
March	354,644	4,978	176,067	535,689
April	367,491	56,300	737,226	1,161,017
May	320,781	991,475	148,230	1,460,486
June	363,452	11,378	1,519,556	1,894,386
July	532,439	13,782	2,494,651	3,040,872
August	444,102	11,376	2,829,176	3,284,654
September	622,828	9,955	3,538,657	4,171,440
Total	3,770,311	1,107,492	11,444,621	16,322,424



Participation Year (PY) Goals

	Reporting Status	Prior # of Incentives Paid (August)	Current # of Incentives Paid (September)	PY Goal Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU 2013	1012	1245	1,003	\$26,059,602
	AIU 2014	53	139	1,000	\$2,911,252
	MU 2013	793	874	1,043	\$7,321,346
	MU 2014	3	29	1,444	\$246,500
Eligible Hospital (EHs)	AIU 2013	15	15	15	\$6,507,381
	AIU 2014	0	0	17	\$0
	MU 2013	77	78	70	\$27,447,271
	MU 2014	1	2	44	\$1,763,666

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	4,029	\$160,125,497
MU	1,544	\$73,758,279

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use

2014 Goals – October Update

Federally Funded REC

Supporting adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers across Michigan's primary care community.

- **3,724(+)** *Milestone 1*: Recruitment of Eligible Priority Primary Care Providers (PPCPs); 100% to goal
- **3,724(+)** *Milestone 2*: EHR Go-Live with PPCPs; 100% to goal
- **3,183** *Milestone 3*: Stage 1 Meaningful Use Attestation with PPCPs; 85% to goal

MDCH Medicaid Program (90/10)

Supporting providers in Michigan with high volumes of Medicaid patients in attaining Meaningful Use.

- **456 Milestone1 Specialists Sign-Ups**: Recruitment of Medicaid eligible specialists (Non-Primary Care)
 - **126 Milestone 2 AIUs**: Successful AIU Attestation
 - **Specialist Sign-Up breakdown**: Dentistry – 57%, Psychiatry - 31%, Optometry – 4%, Other – 8%
- **180 Milestone1 Stage1Year1(or2) Sign-ups**: Recruitment of MEPs in Stage 1 of Meaningful Use (Non-Specialists)
- **24 Milestone1 Stage2Year1 Sign-ups**: Recruitment of MEPs in Stage 2 of Meaningful Use

M-CEITA Provider Metrics

Client data provides insight into EHR adoption and Meaningful Use landscape across Michigan Providers.

- 61% of clients working with M-CEITA to achieve Meaningful Use are enrolled in the Medicare Incentive Program versus 30% of clients who are enrolled in the Medicaid Incentive Program
- 9% of clients working with M-CEITA have met the standards for Stage 1 Year 1 of Meaningful Use even though they are 'not eligible' for the MU Incentives
- To date, 85% of M-CEITA clients have achieved Stage 1 Year 1 in Meaningful Use

Million Hearts Initiative

Expanding our focus to assist providers with future stages of MU, other quality process improvement and public health priorities with an emphasis on EHR-enabled improvements.

- M-CEITA supports Million Hearts as a key public health priority with an education tool for providers during the CQM selection and external promotion to adopt this initiative through our webinars, blogs and website.
- In 2014 M-CEITA will begin tracking client practices that have committed to using the Million Hearts related CQMs.
- In 2014, M-CEITA will conduct a Million Hearts Call to Action Demonstration Project, designing and implementing a practice-level QI program and HIE to improve care coordination and measure improvement in the health of at risk patients.
- M-CEITA will be partnering with MDCH HDSP/DPCCP to improve high BP and A1C prevalence through the use of EHRs.

October 2014 Updates

- Dashboard
- HIMSS
- MiHIN Board Update
- Public Comment





Michigan Department of Community Health

Director Nick Lyon

MI Health Link Care Bridge IT Workgroup

HIT Commission October 16, 2014

What is MI Health Link?

- New CMS-MDCH financial alignment demonstration (FAD) program that will integrate all Medicare and Medicaid benefits, rules, and payments into a single coordinated delivery system
- Capitated payment model using new entities called Integrated Care Organizations (ICOs) and existing Michigan Pre-paid Inpatient Health Plans (PIHPs)



Who is Eligible?

People who

- Are age 21 or over and are eligible for both Medicare and Medicaid
- Reside in one of the four demonstration regions
- Are not enrolled in hospice

People enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and MI Choice Waiver program are eligible but will not be passively enrolled in MI Health Link



Where will MI Health Link be Offered?

Four regions of Michigan

- Region 1 - Entire Upper Peninsula
- Region 4 - Southwest Michigan (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties)
- Region 7 - Wayne County
- Region 9 - Macomb County



What Benefits are Covered?

All acute and primary health care covered by Medicare and Medicaid

- Pharmacy
- Dental
- Home and community based services and Nursing Facility care
- All behavioral health services currently covered by Medicare and Medicaid
- Other benefits identified by the Integrated Care Organizations



Who Will Administer the Services?

- Seven Integrated Care Organizations with experience providing Medicare and/or Medicaid services will manage acute, primary, pharmacy, dental and long term supports and services
- Four Pre-paid In-patient Health Plans in the demonstration regions are responsible for all behavioral health services for people with mental illness, intellectual / developmental disabilities and/or substance use disorders



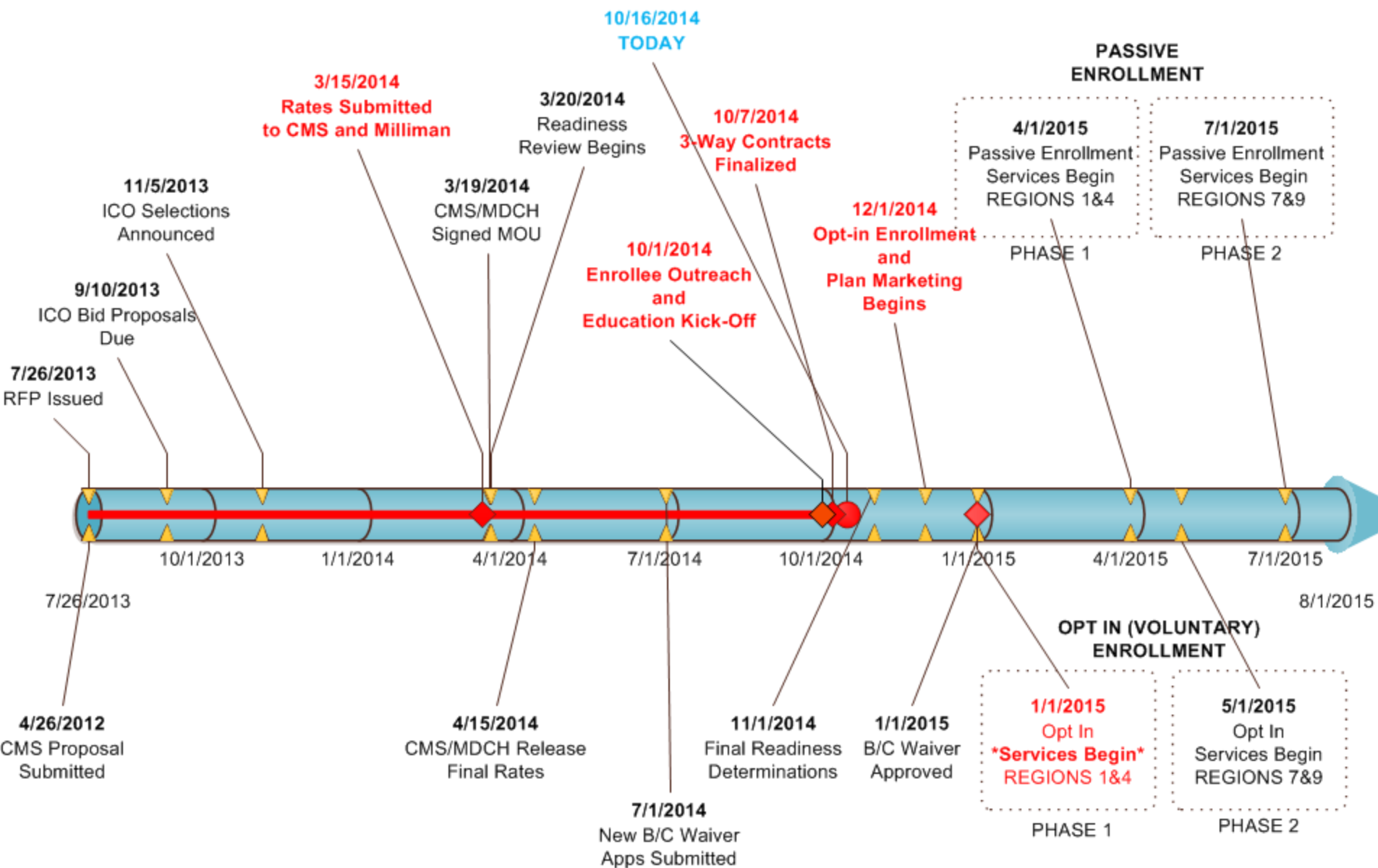
Updates

- **Memorandum of Understanding**
 - An agreement between MDCH and CMS that provides the design of the demonstration specific to Michigan
 - Signed by CMS and MDCH on April 3, 2014
 - Available on the CMS website
- **Readiness Review**
 - CMS and MDCH develop Readiness Review Tool
 - Two components: desk review and on-site review
 - Systems testing part of Readiness Review
- **Three Way Contract**
 - CMS, State, and Integrated Care Organizations signed three-way contracts in early October
- **Phased Enrollment Process**
 - Extensive unbiased education and outreach prior to enrollment Medicare-Medicaid Assistance Program (MMAP) will be used for dissemination of program information and education
 - State will use Michigan ENROLLS to enroll beneficiaries in the demonstration
 - **Enrollees may change plans or opt out on a monthly basis**
- **Waiver**
 - A new 1915 (b) and 1915 (c) is being written for the demonstration
- **Implementation Grant**
 - An implementation grant was submitted to CMS and recently awarded to Michigan
- **Ombudsman Program**
 - Each demonstration State is required to have an Ombuds program specific to the program



Integrated Care for Dual Eligibles Demonstration Project

Key Dates and Milestones



The Care Bridge

- The care coordination framework for Michigan's integrated care program.
 1. Care Coordination Process:
 - Members of an enrollee's care and supports team facilitate formal and informal services and supports in an enrollee's person-centered care plan.
 2. Technology:
 - Includes an electronic Care Coordination platform which will support an Integrated Care Bridge Record (ICBR) Use Case to facilitate timely and effective information flow



Care Coordination Process

Care Coordination will include

- Initial Screening
- Assessment and reassessment
- Initiation and monitoring the Individual Care Bridge Record (ICBR)
- Development of Individual Integrated Care and Supports Plan (IICSP), using person-centered planning principles
- Collaboration between individual and integrated care team members
- Ongoing care coordination services, including monitoring and advocacy
- Medication review and reconciliation (“Med Rec” Use Case)



Care Coordination Platform

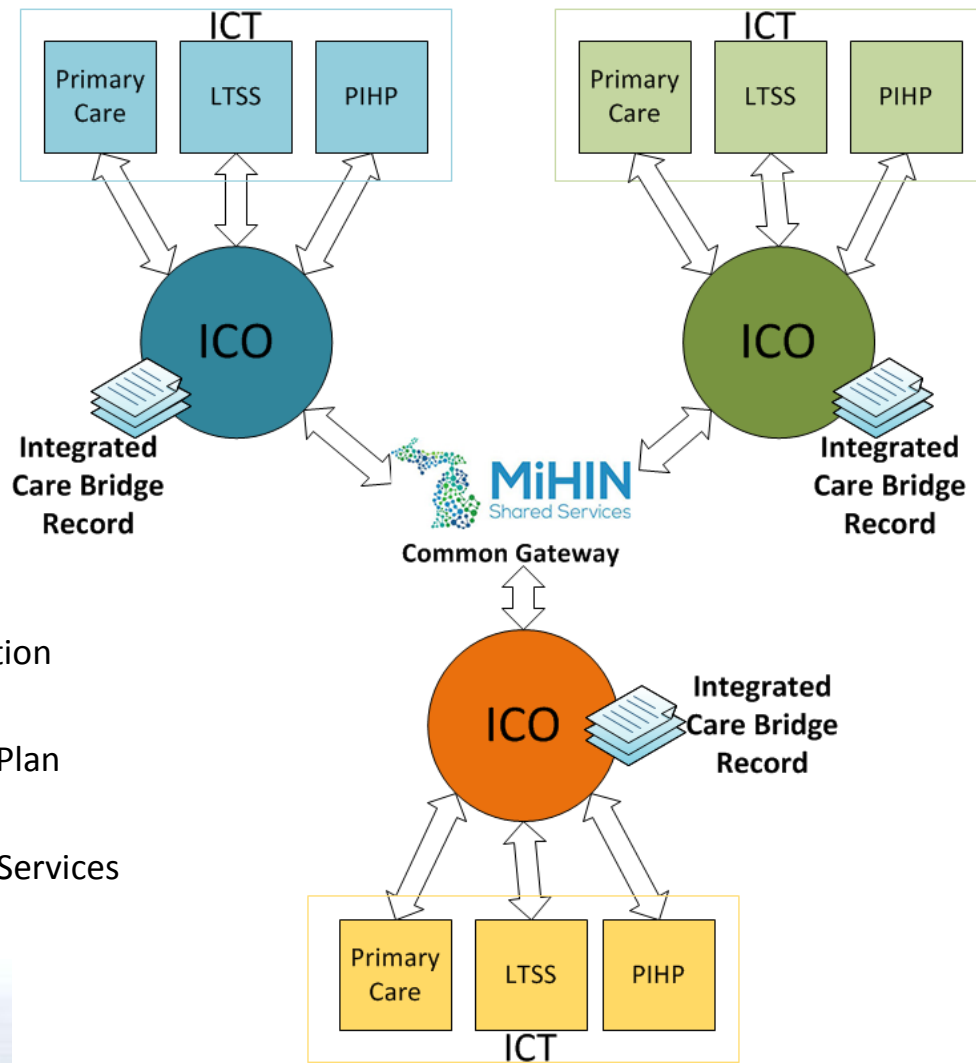
- Secure web-based portal where documents and messages can be posted and pushed
- Operated by Integrated Care Organization with access granted to enrollee and Integrated Care Team (ICT)
- Components History, issues list, lab results, medications, assessments
- IICSP (Individual Integrated **C**are and **S**upports **P**lan)
- Progress notes and status change



Integrated Care Bridge Record (ICBR) Legal Framework

- Qualified Data Sharing Organization Agreement (QDSOA)
 - Umbrella data sharing agreement between participating organization and MiHIN
- ICBR Use Case Summary (UCS)
 - High Level use case description, business benefits
- ICBR Use Case Agreement (UCA)
 - Legal agreement between participating organization and MiHIN with respect to use case
- ICBR Use Case Implementation Guide (UIG)
 - ICBR Data Schema
 - ICBR Transport Schema - Consolidated-CDA

ICBR Data Flow Context



- ICO** - Integrated Care Organization
- ICT** - Integrated Care Team
- PIHP** - Prepaid Inpatient Health Plan
(Behavioral Health)
- LTSS** - Long Term Supports and Services



Technical Exchange Connectivity with MiHIN

- Enable exchange of ICBR Continuity of Care Document “CCD” between Integrated Care Organizations / Prepaid In-patient Health Plans to/from MiHIN
 - PCE Systems, a leading EHR vendor has enabled CCD exchange with MiHIN
 - Discussions with AmeriHealth, Meridian, and Aetna (Coventry Cares) are complete, follow-up discussions being scheduled
 - Schedule initial exchange connectivity discussions for remaining Integrated Care Organizations / Prepaid In-patient Health Plan



ICBR Data Schema

- Draft agreed by Meridian, Coventry Cares, Southwest Behavioral Health for Region 4
- Proposed to other Integrated Care Organizations / Prepaid In-patient Health Plans, feedback due tomorrow (17th)
- Come to agreement for Michigan ICBR Data Schema
- **Outcome – we have common information for a patient, no matter who their care organization and team are in Michigan**



Standards to Share ICBR

- Align ICBR Data Schema with industry standard Continuity of Care Document (CCD) and/or Consolidated-Clinical Document Architecture (C-CDA)
 - determine what naturally can be handled by CCD/C-CDA, what can't - such that an Integrated Care Bridge Record (or subset) can be made available within an Integrated Care Organization care team (ICT), and/or between Integrated Care Organizations / Prepaid In-patient Health Plan
- Options being investigated:
 - Align to Behavioral Health CCD standard
 - Align to C-CDA R1.1 standard
 - Align to new version - C-CDA R2 standard (est. mid-October 2014)
- **Results in standard for sharing care information within Michigan**



HL7 Consolidated-CDA - Revision 2

- Due for publication mid Oct. 2014 - being trailed within MA and NY
- Three new document types - Referral Note, Transfer Summary, and Care Plan
 - The Transfer Summary - exchanged by providers in instances when a patient moves between health care settings temporarily or permanently.
 - Referral Note - is exchanged to communicate the referral request and pertinent patient information in cases where a provider requests consultation from another provider.
 - Consultation Note - is generated when the consultation is completed to inform the requesting clinician of his opinion or advice.
 - A patient with complex needs requires the care of multiple providers in various settings. In this situation, a Care Plan document provides a snapshot in time of current care coordination activities amongst providers.



Summary - Consolidated-CDA R2 Update Details

3 NEW Documents

- Transfer Summary
- Care Plan
- Referral Note

(Also enhanced Header to enable Patient Generated Documents)

6 NEW Sections

- Nutrition Section
- Physical Findings of Skin Section
- Mental Status Section
- Health Concerns Section
- Health Status Evaluations/ Outcomes Section
- Goals Section

30 NEW Entries

- Advance Directive Organizer
- Cognitive Abilities Observation
- Drug Monitoring Act
- Handoff Communication
- Goal Observation
- Medical Device Applied
- Nutrition Assessment
- Nutrition Recommendations
- Characteristics of Home Environment
- Cultural and Religious Observation
- Patient Priority Preference
- Provider Priority Preference
- and lots more.....

HL7 Consolidated-CDA - Revision 2

Care Plan Document Template

- A Care Plan is a consensus-driven dynamic plan that represents a patient's and Care Team Members' prioritized concerns, goals, and planned interventions. It serves as a blueprint shared by all Care Team Members (including the patient, their caregivers and providers), to guide the patient's care.
- A Care Plan represents one or more Plan(s) of Care and serves to reconcile and resolve conflicts between the various Plans of Care developed for a specific patient by different providers
- Key differentiators between a Care Plan CDA and CCD (another "snapshot in time" document):
 - Requires relationships between various acts:
 - Health Concerns (*new section*)
 - Problems
 - Interventions
 - Goals (*new section*)
 - Health Status Evaluations and Outcomes (*new section*)
 - Provides the ability to identify patient and provider priorities with each act



Questions?

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Altarum/MDCH – Care Bridge IT Workgroup Co-Lead

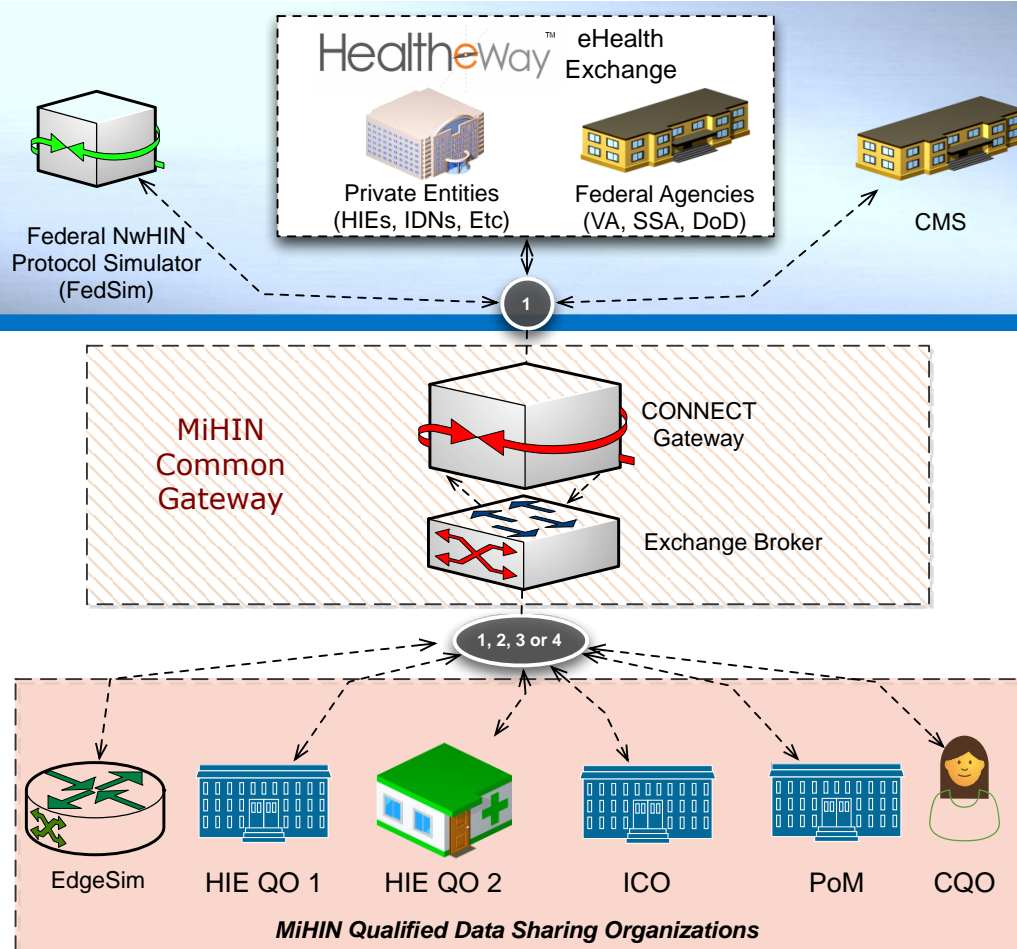
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MiHIN - Program Manager

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	Supported Interfaces
	NwHIN Exchange Transactions
	Patient Discovery (PD)
	Query for Documents (QD)
	Retrieve Documents (RD)
	Document Submission (DS)
	XCA Exchange Transactions
1	Cross Gateway Patient Discovery [XCPD/ITI-55]
2	Cross Gateway Query [ITI-38]
	Cross Gateway Retrieve [ITI-39]
	Provide and Register Document Set-b (XDR/ITI-41)
	XDS.b Exchange Transactions
3	Patient Demographics Query (PDQ/ITI-21)
	Registry Stored Query (ITI-18)
	Retrieve Document Set (ITI-43)
	Provide and Register Document Set-b (ITI-41)
	RestFul Interfaces
4	System specific (e.g. PHR, ICO, PIHP, PoM)

Washtenaw's Pathway to Exchanging Behavioral Health

By: Michael Harding



Community Support & Treatment Services (CSTS)

In Partnership with:



Washtenaw Community Health Organization

Washtenaw County CSTS

- Community Mental Health Center
- Integrated Health Service Provider
- Populations Served:
 - 2,630 Adults with Mental Illness
 - 860 Adults with Intellectual Disability
 - 566 Children with Severe Emotional Disturbance & Intellectual Disabilities

4,056 Total Served

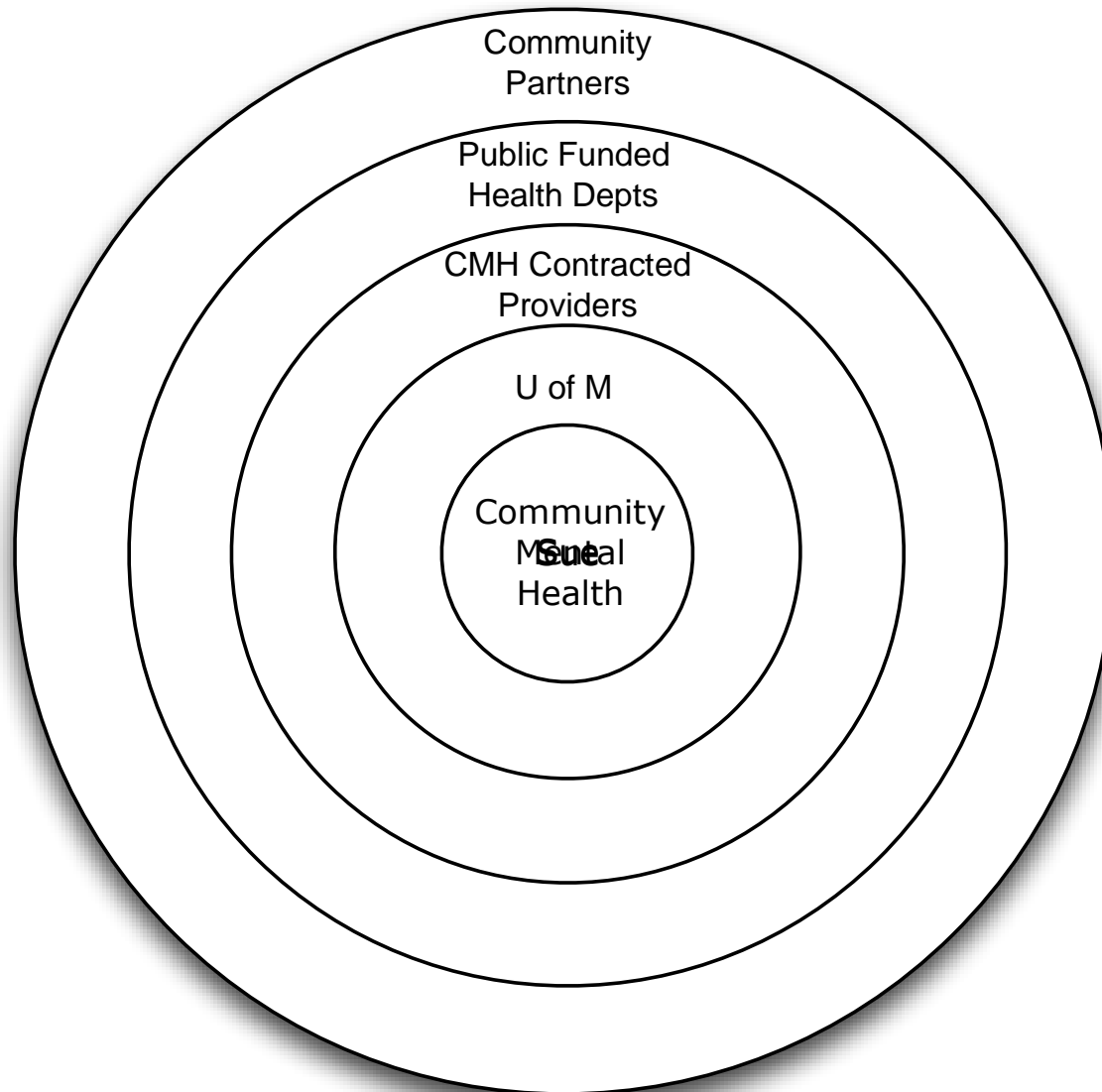
Why we need HIE's

- Individuals with serious mental illness served by public mental health systems on average ***die 25 years earlier*** than the general population
- Less likely to receive care for chronic physical health conditions
- Affords the opportunity to provide quality care that treats the holistic view of the consumer

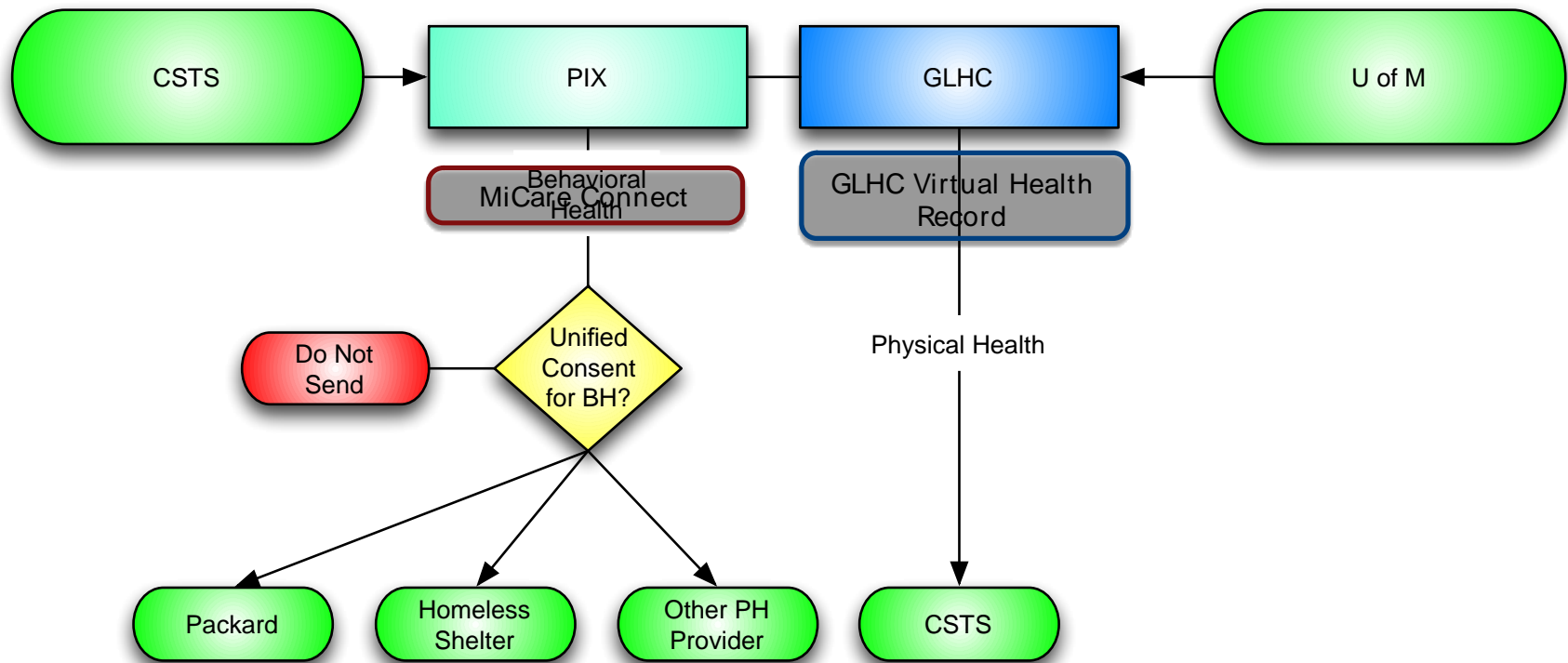
State-Wide Initiative

- Washtenaw's Project tied nicely to concurrent uniform consent work started by CIO Forum
 - CIO Forum is a partnership between MDCH and the CMHSPs/PIHPs of Michigan
 - Joined forces with the Diversion Council and other interested parties to draft a uniform behavioral health consent
 - Presented to HIT commission
 - Passed as PA129 of 2014
 - Final Statewide consent to be released Jan. 2015

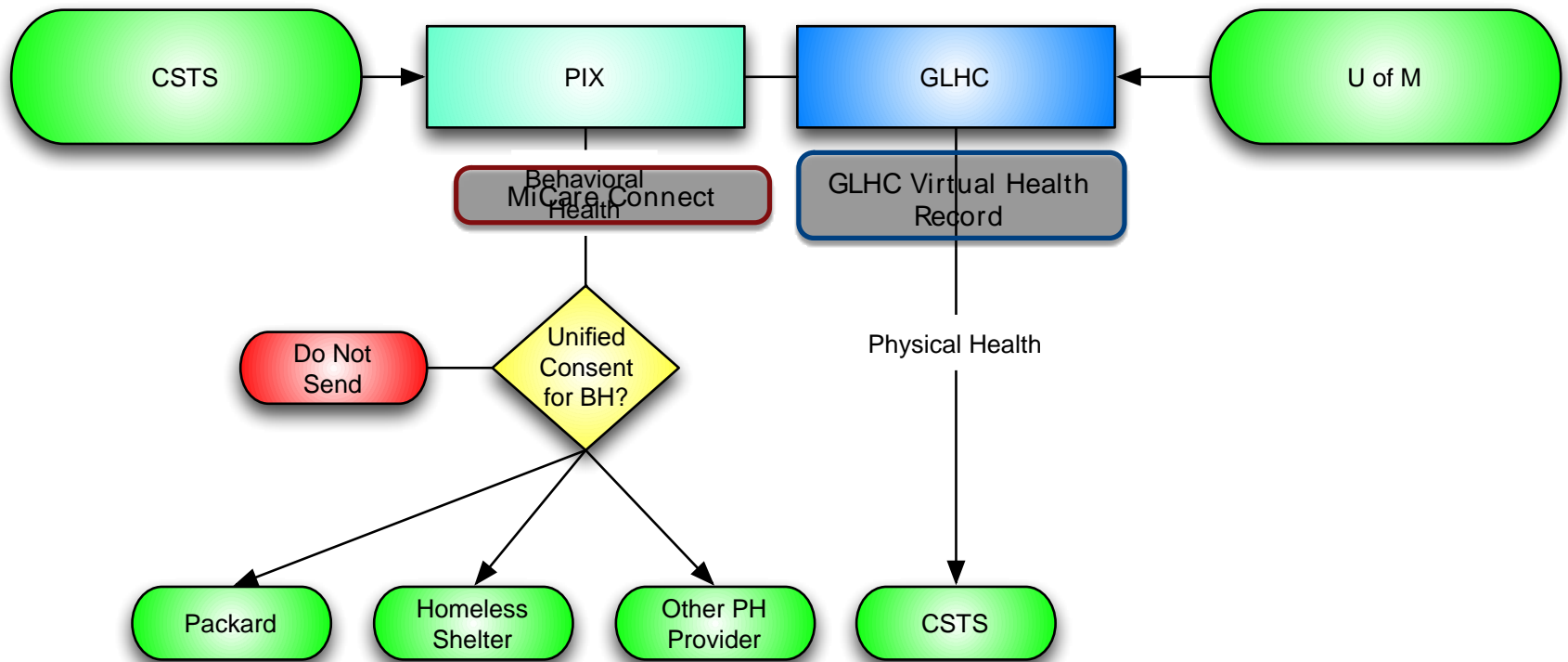
Washtenaw HIE Strategy



Washtenaw Phase 1 Model



Washtenaw Phase 2 Model



Washtenaw's Consent Model

- Consent is the key to receiving Behavioral Health Information
- Partnering agencies within Washtenaw are utilizing the standard Behavioral Health consent
- Consents are stored centrally within the PIX HIE
- Consent is all or nothing
- Consumer controls who has access to the Behavioral Health information through the unified consent

Operationalizing HIE/Consent

- Promotion
 - Staff
 - Consumers
 - Partnering Agencies
- Workflow Modifications
- Consent Education for Staff & Consumers
- Training

Operationalizing HIE

- Bridging Partnering Agencies
 - All Partners were completely dedicated to the success of this project
 - Consumer Driven Focus
- Small attainable goals

CONSENT TO DISCLOSE BEHAVIORAL HEALTH INFORMATION

Please Fax to: 248-406-1240

IDENTIFYING INFORMATION

Individual Name (Please Print)	Individual Identifier	Date of Birth	Last-4-Digits of SSN	Consent-ID YYJDT##
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SIGNING THIS FORM WILL ALLOW THE INDIVIDUALS AND ORGANIZATIONS LISTED BELOW TO EXCHANGE AND USE YOUR BEHAVIORAL HEALTH INFORMATION FOR COORDINATING HEALTHCARE SERVICES

I. By signing this "Consent Form", I voluntarily authorize the individuals and organizations involved in my care and identified below to disclose, re-disclose, and otherwise share my behavioral health information among and between them as identified in Section-II below:

1. Catholic Social Services of Washtenaw County
2. University of Michigan Health System
3. Avalon Housing, Inc
4. Saint Joseph Mercy Health System
5. Ann Arbor Housing Commission
6. Huron Valley Ambulance

Additional individuals and organizations can be added at the top of the second page

II. Information To Be Disclosed

- ☐ I consent to the disclosure of all behavioral health information
--- OR ---
☐ I do not consent to the disclosure of the following information (see instructions):

III. Personal Statements about this disclosure of confidential/protected information:

- I know what information will be disclosed and I understand that this authorization is voluntary.
- I understand that my decision on whether to sign this form will not affect my ability to obtain mental health or medical treatment, payment for treatment, health insurance enrollment or benefit eligibility.
- The purpose of the disclosures authorized in this form is to assist in diagnosing and treating my health conditions and in coordinating healthcare services.
- I agree that the information I agreed to disclose may be shared electronically using secure methods to protect my healthcare information.
- I understand that the disclosure of my information will follow state and federal laws and regulations.
- I understand that Alcohol, Drug Abuse and Mental Health Records are subject to a higher standard of protection through federal law (42 CFR Part 2) and the MI Mental Health Code. With my signature on this consent, I authorize the release of Alcohol, Drug Abuse and Mental Health Records.
- I have read this form and/or have had it read to me in language I can understand. I have also had the opportunity to have my questions about this form answered.
- I understand psychotherapy notes are not subject to disclosure.
- I understand that I may withdraw my authorization at any time. I also understand that such withdrawal of my authorization may not prevent or stop disclosure of information previously authorized or previous action that has been taken based on this authorization.
- Unless I revoke this consent, it will expire on : _____ (If the expiration date is left blank or extends beyond one year, the consent will expire 1 year from the signature date.)
- I also understand that I have the right to refuse to sign this form; however, that will not prevent disclosure of my health information that may be disclosed under the law without my consent.

Individual providing Consent Signature

Date Signed:

Parent/Guardian/Authorized Representative Signature (if required)

If Signed - Indicate Relationship:

☐ Parent ☐ Guardian ☐ Authorized Representative

Witness Signature

Date

Additional Individuals and Organizations - continued from previous page

7. Home of New Vision
8. Packard Health
9. Washtenaw Health Plan
10. Shelter Association of Washtenaw County
11. _____
12. _____
13. _____
14. _____

Revoking my consent verbally

If you wish to verbally modify or revoke the consent you have provided in this form, please contact the primary care physician, case manager or other primary healthcare contact that you have listed on this form.

Revoking my consent in writing

I understand that prior to this date, my healthcare information may have been disclosed to and shared between or among some or all of the individuals and organizations named above, that treatment may have been provided based upon this information and that this revocation does not apply to the information previously disclosed.

I revoke my consent(s) to the disclosure of my health information by completing the following section:

As of (Date) _____ I hereby revoke the following consent(s) to the disclosure of my healthcare information:

____ Any consent involving the disclosure to, between, or among any of the following parties:

☐ - Any and all consents included in this Consent to Disclose Behavioral Health Information

Note: The organization you are working with to revoke consent can only administer the change for consents where they are identified as a party in the exchange.

Individual providing consent signature

Parent/Guardian/Authorized Representative Signature (if required)

If Signed - Indicate Relationship:

☐ Parent ☐ Guardian ☐ Authorized Representative

Date signed

☐ Individual Provided Copy

Behavioral Health View of Medical

[All](#)[Summary](#)[Cumulative Lab](#)[Lab](#)[Radiology](#)[Reports](#)[Prelims Tran](#)[ADT](#)[Office Memos](#)[Encounters](#)[Patient Data](#)[Open Report](#)

Displays most recent 5 results. For complete results select Lab Tab

- ☐ 9/14/2014 1:30:00 AM [Comp. Metabolic Panel](#)
- ☐ 9/14/2014 1:30:00 AM [Estimated Glomerular Filt...](#)
- ☐ 9/14/2014 1:30:00 AM [Pregnancy Screen, Serum](#)
- ☐ 9/14/2014 1:30:00 AM [CBC and DIFF](#)
- ☐ 9/8/2014 7:21:00 AM [Estimated Glomerular Filt...](#)

Displays most recent 5 results. For complete results select Radiology Tab

- ☐ 9/1/2014 12:48:13 PM [DI HAND GT 2 VIEW, RIGHT](#)
- ☐ 9/1/2014 12:48:13 PM [DI HAND GT 2 VIEW, RIGHT](#)
- ☐ 8/3/2014 8:21:44 AM [DI ABDOMEN SINGLE VIEW, T...](#)
- ☐ 8/3/2014 1:38:14 AM [DI CHEST SINGLE VIEW](#)

Displays most recent 5 results. For complete results select Reports Tab

- ☐ 9/14/2014 3:45:01 AM [Emergency Medicine, Socia...](#)
- ☐ 9/14/2014 3:45:01 AM [Emergency Medicine, Socia...](#)
- ☐ 9/13/2014 11:40:00 PM [Emergency Medicine, ED No...](#)
- ☐ 9/13/2014 9:01:00 PM [Emergency Medicine, Socia...](#)
- ☐ 9/13/2014 8:55:44 PM [Emergency Medicine, ED Tr...](#)

Displays most recent 5 results. For complete results select ADT Tab

- ☐ 9/14/2014 3:47:00 AM [Discharge/end visit](#)
- ☐ 9/13/2014 10:47:00 PM [Admit/visit notification](#)
- ☐ 9/9/2014 12:31:00 AM [Cancel admit/visit notifi...](#)
- ☐ 9/8/2014 1:18:00 PM [Discharge/end visit](#)
- ☐ 9/6/2014 12:41:00 PM [Register a patient](#)

Cumulative Lab *Not all lab test results and observations can be displayed in a cumulative view. For specific observations not present in this view, search within the lab or other tabs.*

Fetching cumulative lab summary - please wait...

Behavioral Health View of Medical

Reason for Visit

Withdrawal

ED Triage Notes signed by

at 9/13/2014 8:58 PM

Author:	Service:	Adult Emergency Services	Author Type:	Registered Nurse
Filed:	9/13/2014 8:58 PM	Note Time:	9/13/2014 8:55 PM	Note Type: ED Triage Notes

HPI:

Pt sent in from PT states that she did 3 bars (2 mg each) of Benzo's (Xanax, Ativan) and Heroin 1900 9/12/14. Pt complaining of lower back pain going down both legs and is aching. PT is also having tingling down right leg and arm. PT states that she has had seizures from withdrawal before but normally takes 36 hours. PT has been without for 24 hrs. Pt States that that pain she is having now is similar to pain that she has had previously when Detoxing. Pt here for Medical Clearance and Rx.

Medical View of Behavioral Health

Active Exchange Partners

Community Mental Health Partnership Of Southeast Michigan



CCD



CCD

Consents



Admitted To



Care Team



Treatment Plans



Schedule



Problems



Meds



Vital Signs



Adverse Reactions



Lab Results



Demographic Info



Insurance Policies



Clinical Forms



Consent Originator 	Consented Exchange Partners 	Effective Dates 	Status 
Community Mental Health Partnership Of Southeast Michigan	Community Mental Health Partnership Of Southeast Michigan University of Michigan Health System Ann Arbor Housing Commission Avalon Housing, Inc Catholic Social Services of Washtenaw County Home of New Vision Huron Valley Ambulance Packard Health Saint Joseph Mercy Health System Shelter Association of Washtenaw County Washtenaw Health Plan	09/09/2014 - 09/09/2015	Active

Medical View of Behavioral Health

Washtenaw Community Health Organization Progress Note

IDENTIFYING INFORMATION			
DATE 09/15/2014	TIME 9:00 a.m. - 9:30 a.m.	STAFF	
		CASE NUMBER	DOB
GENERAL INFORMATION			
CONTACT TYPE Face to Face		LOCATION OF SERVICE Community	
PRIMARY CARE INFORMATION			
PRIMARY CARE CLINIC		PRIMARY CARE PHYSICIAN	
NARRATIVE			
<p>reported that he drank only water on his recent trip to Indiana. He reports ongoing weight loss and declining vision due to his eye condition. He now needs 2.5X magnification, rather than 1x from the store. He had a good time with friends and family at an event where a quilt he took sold for over \$2,000. He talked about his generous spirit and his attitude and desire to serve others freely. He did not feel he had a great many needs. talked about the community that he saw there and his desire to not be ashamed of his position or status, but to be dignified about life. He talked about his involvement in his faith community in positions of leadership. He continues to grow in confidence and a sense of normalcy. He desires to lead others well.</p>			
OUTCOMES			
DATE 09/18/2013	TYPE Health, Self Determination		
OUTCOME "I will continue to work with the Disease Management Program on my goal to attend Nutrition for Weight Loss classes to help me develop healthy habits."			

Case Studies

- Labs
 - 800 Lab Feeds a Week
 - Reduced Costs
 - $((50 \text{ Labs a week} * \$140.00) * 52 = \$364,000) * 43 \text{ CMH} = \$15,652,000$
 - Consumer Quality of Care
 - Transportation
 - Multiple Draws
 - Added Anxiety
- ADT
 - Operationalized ADT data that helps with coordination of care.
- Physical Health Data
 - Medications, Allergies, Diagnosis, Clinical Notes

Future.....

- People involved in consumer's care have access to all information that is relevant to their care
 - Jail Medical & Behavioral Health Services
 - Special Education health information within Washtenaw Intermediate School District
 - Homelessness Data
 - Public Health Data
- Consumers' engaging in their own care through the use of HIE information
 - Utilizing Mobile Technologies
 - Personal Health Records

HIT Commission

- Incentives for communities to link with an HIE
 - Education about HIE's within the State
 - Major technical differences between agencies in both Medical and Behavioral health organizations
- Continue bridging the continuity between HIE's
- Break down the barriers between publically funded systems.

Questions.....

Consent to Share Certain Behavioral Health Information-HB 129

Meghan Vanderstelt



CIO Forum specifications for an

Electronic Consent Management System (eCMS)

For 10/16/2014 HIT Commission

CIO Forum – Part of *The Standards Group*

- The Standards Group (TSG) was formed in 2006 as a joint effort of:
 - Michigan Department of Community Health (MDCH)
 - Michigan Assoc. of Community Mental Boards (MACMHB)
 - Behavioral Health Plans (PIHPs)
 - Consumers and Advocates

To achieve consistency and uniformity across the public behavioral health system

The Standards Group Structure

- TSG is governed by a Board of 29 members
 - 3 MDCH members
 - 6 Single County Behavioral Health Plan reps
 - 14 Regional Entity/CMHSP reps (7 from Regional Entity, 7 from CMHSP)
 - 4 Consumers/Stakeholder representatives
 - 2 Behavioral Health Provider Reps

Incorporating Behavioral Health into HIE

In January 2013 the CIO Forum began work on the three primary issues it believed were keeping Behavioral Health organizations from fully joining Health Information Exchange initiatives:

1. Lack of a standard statewide behavioral health consent, used and accepted by all parties.
2. Lack of standardized way to data format.
3. Lack of specific technical standards to standardize how HIEs can use consent.

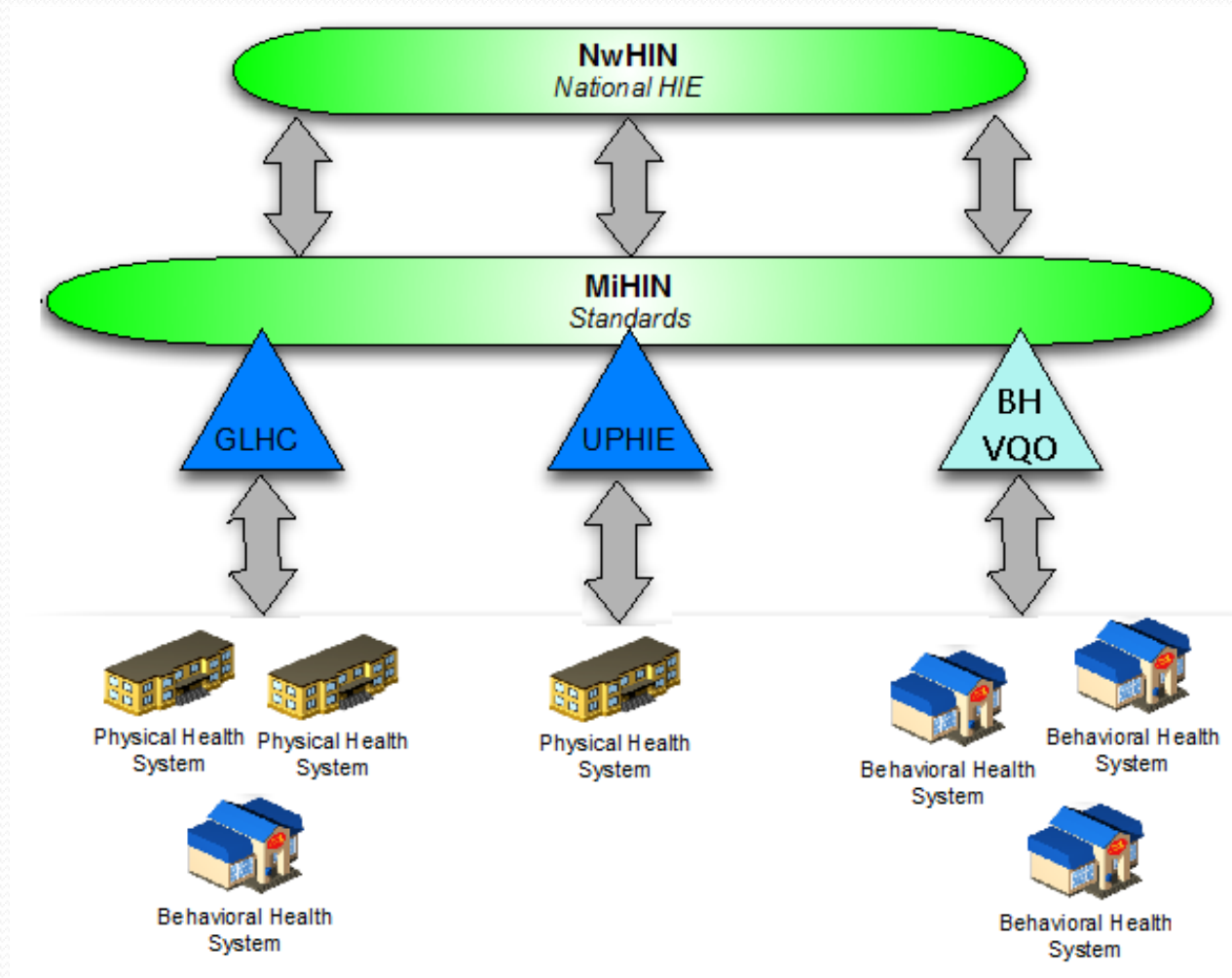
Rapid Progress – as of Oct. 2014

- **Consent.** Thanks to the work of many a statewide standard behavioral health consent form is now weeks from release. PA 129 is a huge advance!
- **Content.** Sept 2013 - the CIO Forum released a standardized Continuity of Care Document (CCD)
- **Infrastructure.** Aug 2014 – the CIO Forum approved and released specifications for an Electronic Consent Management System.

eCMS Overview

- Built around Michigan's statewide consent form
- Standards Based (HL7 CDA)
- Inclusive – in addition to the normal CIO Forum group invited Provider Alliance representatives and Michigan's Behavioral Health Software Vendors
- Vendor Agnostic
- To provide consent specs upon which Electronic Health Record (EHR), HIE (QO and VQO) and MiHIN vendors can immediately begin programming
 - Rigid enough to provide precise functionality
 - Flexible enough to handle different methods of operation

Electronic Consent Model Supports Behavioral Health exchange through a VQO or directly with HIEs



eCMS – Standardizing 3 Roles

PIHPs, CMHSPs, HIEs, Vendors and potential future behavioral health parties structure their electronic operations differently.

However - as long as each party exchanging behavioral health (BH) information follows its appropriate role, meeting the specifications of that role, the consent system will work.

Electronic Consent Mgt - Roles

1. Obtaining Consents

- Consents are obtained by Behavioral Health Providers and/or any other Entity serving behavioral health patients.
- Electronically or via Paper
- Consents are “registered” with the Electronic Consent Management System (eCMS)

2. Holding and Managing Consents

- Federated System of eCMS Systems
- eCMS system(s) hold all consents, revocations, etc.
- Each eCMS system serves a set of parties that need permission to share or release documents

Electronic Consent Mgt - Roles

3. Using the Consent

An HIE that works directly with behavioral health entities would establish a connection to an eCMS of its choice. When the HIE wishes to release behavioral health information, either *push* or *pull*, it queries the eCMS to see whether an appropriate consent exists and is still valid for the patient and providers in question. If valid, the information is released identically to physical health information.

This is just one example. Other methods exist, such as going through a VQO or performing eCMS functions “in-house.”

Some Attributes of the eCMS System

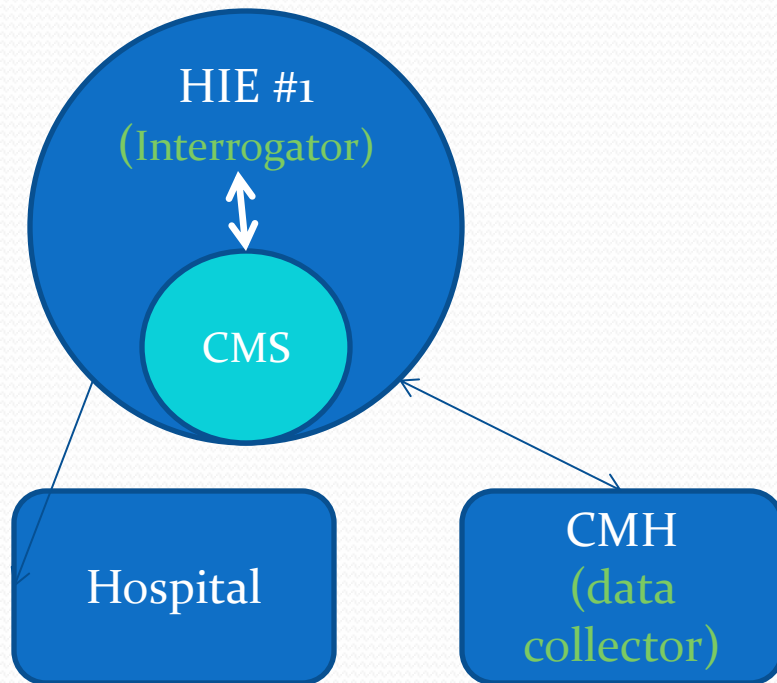
- Based on Michigan's consent model – one we believe can be a leader. Made possible by a uniform and standard consent form!
- Handles and reconciles unlimited numbers of consents and revocations per patient.
- Consents indicate which provider(s) can exchange with other provider(s) for a specified patient.
- Patients can add, update or revoke consent(s) at any time.

Some Attributes of the eCMS System

- Consents can be registered or revoked at any participating entity (behavioral health or physical health).
- Built to tie into existing choices for Health Provider Director and Master Patient Index.
- Built to support use of online patient consent portals.
- Federated registry model for flexibility.

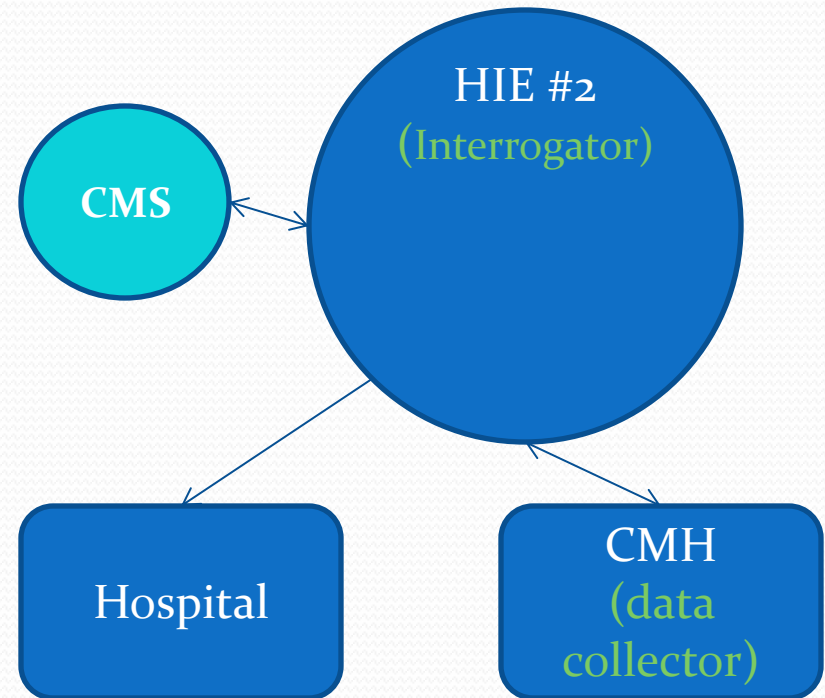
A tale of Three HIEs

Example #1



- CMH registers consents with local HIE
- Local HIE includes an eCMS in its HIE system
- When hospital asks for records or uses HIE
- Viewer the HIE checks the ECMS

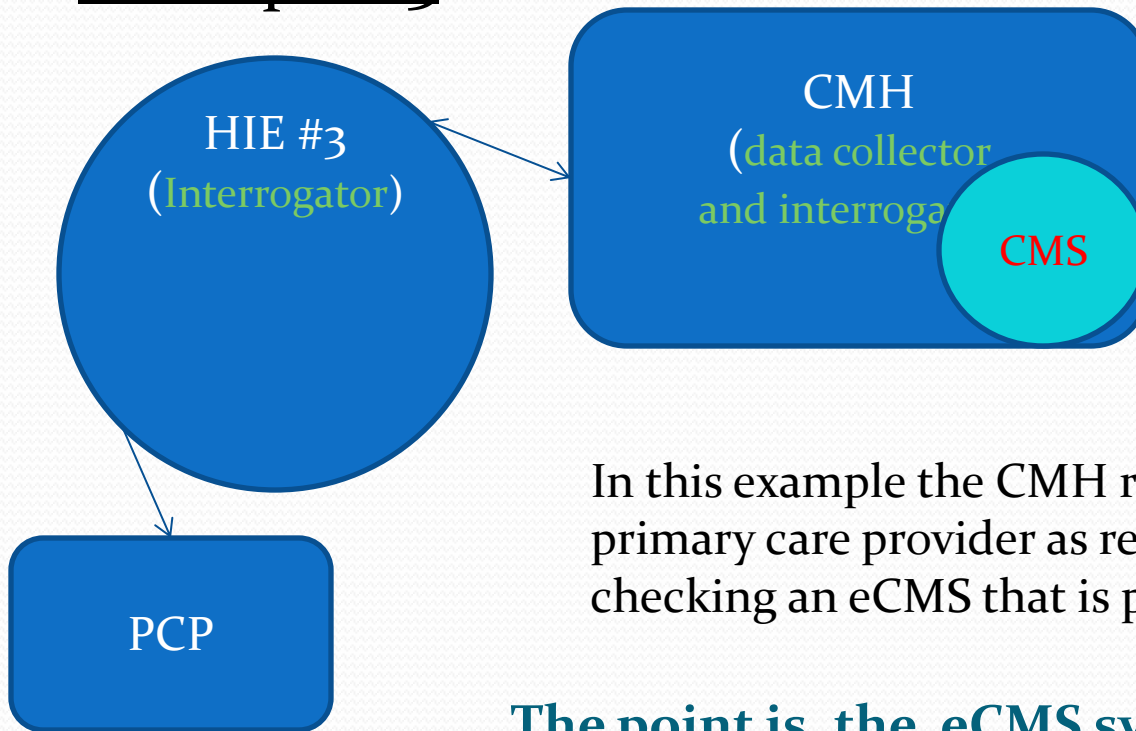
Example #2



Similar arrangement, but HIE contracts with an external eCMS. For instance, an eCMS offered as a MiHIN shared service.

...the promised Third HIE

Example #3



In this example the CMH releases records to a primary care provider as requested by the HIE, after checking an eCMS that is part of its EHR.

The point is, the eCMS system must accommodate different ways of structuring business.

Consent “Use Case A”

- Alice is seen by the local CMH. To better manage her coordination of care she signs a uniform consent to have information shared with her primary care physician, her Medicaid Health Plan, and her CMH.
- Whenever Alice is seen by her primary care physician, the physician signs into the local HIE “portal” and looks at the Meds prescribed by the CMH doctor. The local HIE knows that it is OK to display this information because it checks the local eCMS and sees that a consent has been given for these providers.

Consent “Use Case B”

- Marcus is seen in a Grand Rapids ER for symptoms of a heart attack.
- Marcus tells the ER staff that he is seen by a local CMH provider.
- He signs a consent form in the hospital’s EHR which is immediately registered at the local eCMS.
- Hospital staff review their HIE’s “portal” to check on CMH records. It checks the eCMS for consent, obtains permission, and then lists the psychotropic medications prescribed.

Potential Role of the HIT Commission

- HITC Endorsement adds weight to this standard.
- Support the uniform consent form through the natural upcoming trials and tribulations.
- Make sure behavioral health and eCMS support is in the HITC strategy.
- Encourage HIEs and VQOs to incorporate the appropriate infrastructure.

Note: Although the behavioral health community has received minimal or no monetary incentives for HIE participation, the behavioral health system is primed to move forward when the path becomes clear.

The End

For a copy of the eCMS
specifications document contact
dougherty@ceicmh.org or
Mark.Madrilejo@network180.org



Bonus Material

The three different roles:

1. Data Collectors (typically an Electronic Health Record)

- Collects consents and/or revocations from consumers using the universal consent form.
- May collect paper or electronic consents.
- Sends the consent information to its chosen eCMS.
- For simplicity, typically associates with only one Consent Management System (eCMS).

The three different roles (cont)

2. Electronic Consent Management Systems (eCMS)

- Holds consents and revocations obtained from Data Collectors
- As interrogators ask about consent for individual consumers the eCMS lets them know things like:
 - Whether Organization A can send records to Org. B
 - All consents and revocations for a particular consumer
- If an eCMS has a consent, but no revocation for that consent, it says “OK to send.”

The three different roles (cont)

2. Electronic Consent Management Systems (eCMS)

- Each eCMS must have a connection to all the other eCMSs! (feasible with the relatively small expected numbers of eCMSs)!
- If an eCMS has no consents for a particular consumer it asks all the other eCMSs before answering the interrogator.
- Nightly (no less than every 24 hours) each eCMS shares all revocations with each other eCMS.
- This way, the majority of all consent inquiries can be answered by each eCMS without contacting other eCMSs, never giving a false “it’s OK.” (24 hour grace period)

The three different roles (cont)

3. Interrogators (typically an HIE)

- Queries its local eCMS before deciding whether to honor a request to send records.
- The typical question is “for patient X, can provider A send records to provider B.” The response is either yes or no.
- Certain interrogators can request all consents/revocations on file for a patient. For instance, to understand the entire portfolio of an individual’s consents and revocations.

Consent Architecture: eCMS

- Electronic Consent Management System
- “Database to store forms”
 - Stores HL7 “CDA” consent directives and searchable fields
- “Interface to register/revoke forms in database”
 - Revocations are logged
- “Interface to query database”
 - Responds to queries
 - HIE: “Can data from org A be shown to org B for patient X?”
 - Provider: “What consent directives already exist for patient X?”
 - Another ECMS: “Has patient X registered consent with you?”
 - Another ECMS: “Have any patients recently revoked consent?”
- To be an eCMS must follow protocol for communication with other eCMSs

Consent Architecture: Interrogator

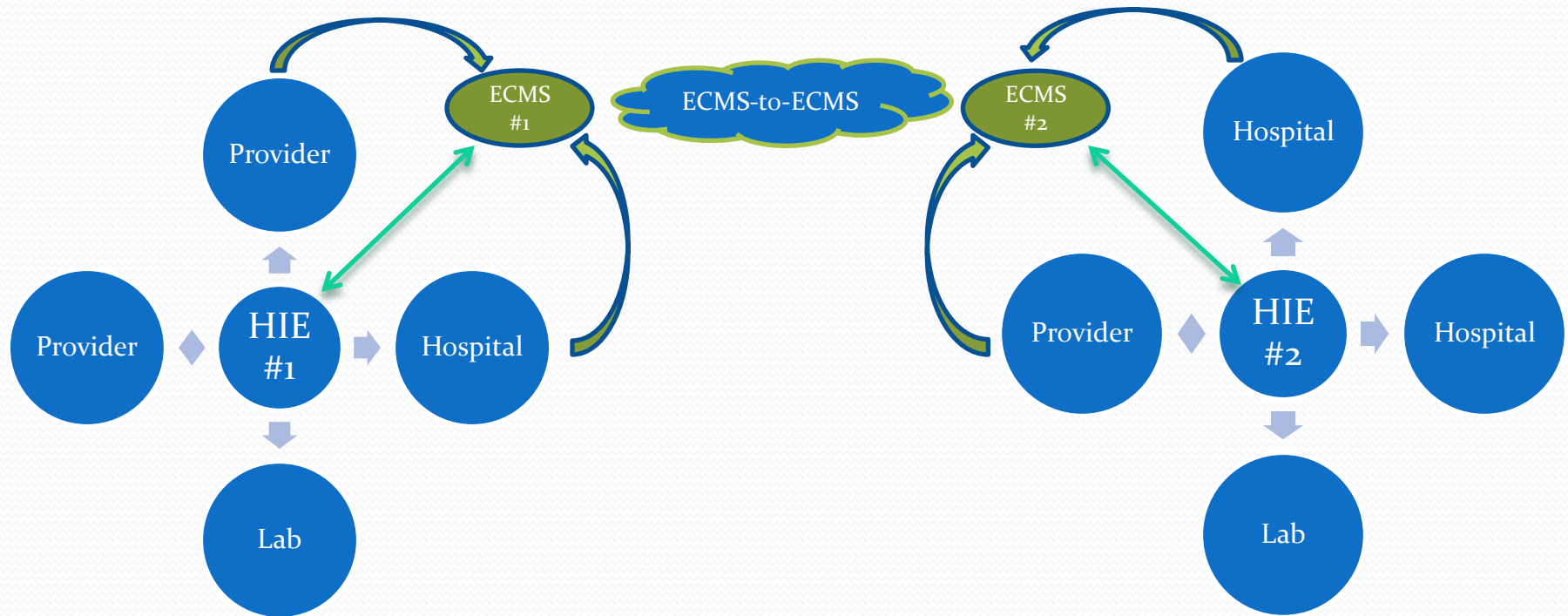
- “Interface to query database”
 - Sends queries to eCMS and handles response
 - HIE: “Can data from org A be shown to org B for patient X?”
 - Provider: “What consent directives already exist for patient X?”
 - Provider: “Can I share data about patient X with org B?”
 - Provider: “Which orgs may I ask for data about patient X?”
- HIEs will likely only need a back-end interface
- Providers may want a front-end user interface
 - Integrated into the provider’s Electronic Health Record
 - Available at the eCMS web site

Consent Architecture:

Data Collector

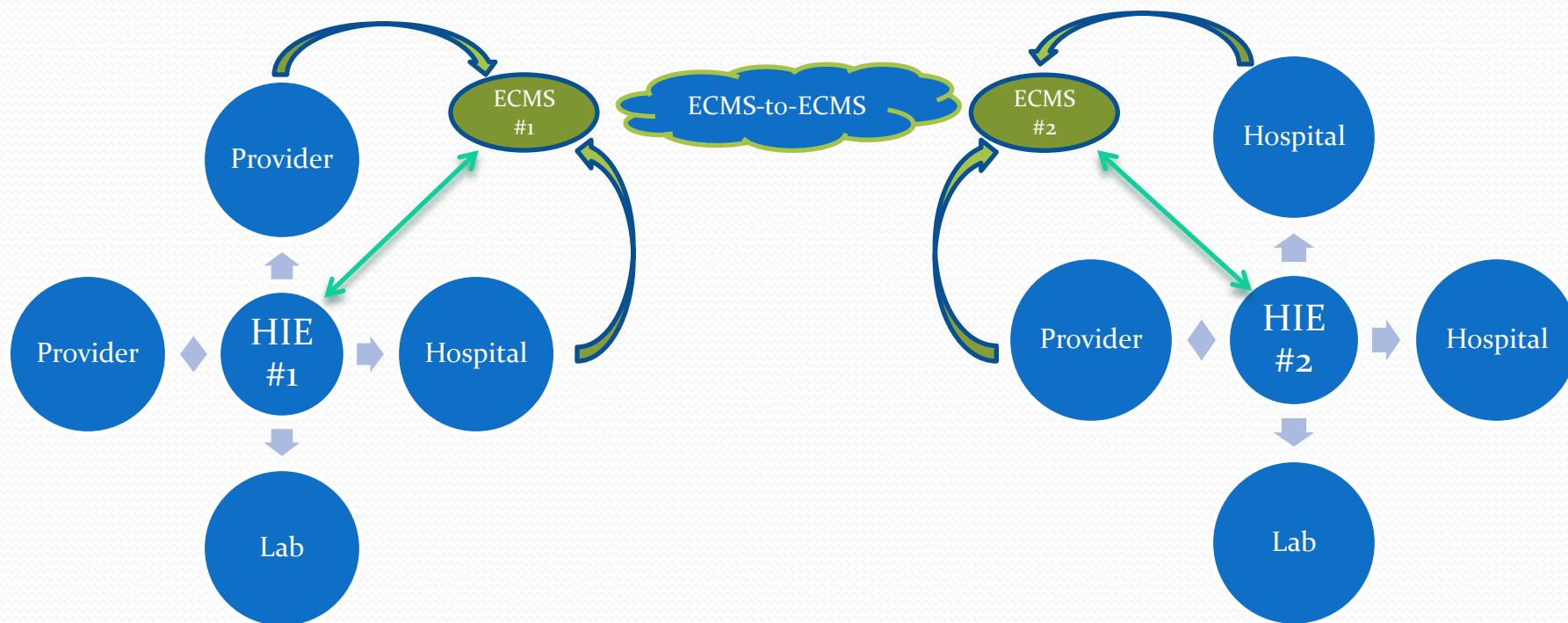
- “User interface for collecting consent information”
 - Presents form to consumer for electronic signature
 - Lets consumer revoke consent directive by date range or by included provider
 - Lets office staff print out a form and scan in a signature
- “Interface to register/revoke forms in database”
 - Sends message to ECMS and handles response
 - New consent must include CDA Consent Directive; may embed image of form/signature
 - Revocation must specify parameters to cover directives
- Data collection is independent of service provision
 - Physical health providers may collect consent on behalf of behavioral health providers
 - Consumer can revoke consent at any provider acting as a Data Collector
 - Data Collector must maintain local (paper/electronic) copy for audit purposes
- Implementation options for the front-end user interface
 - Integrated into the provider’s Electronic Health Record
 - Available at the HIE web site
 - Available at the eCMS web site

Consent Architecture: Federated eCMS Systems



- Specification allows for more than one eCMS system
 - Better flexibility for regional needs
 - But each eCMS agrees to follow communication rules

Consent Architecture: eCMS-to-eCMS Rules



- Propagate queries to others
- Respond to queries in a timely manner
- Poll for recent revocations periodically

HITC Next Steps

- Schedule
- 2014 HITC Annual Report



Public Comment



Adjourn

